

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Isaiah J. Robinson

14 CV 09729
COMPLAINT

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No
(check one)

City of New York -
Capt. John Doe of the 75th Precinct
Sgt. John Doe of the 75th Precinct
1st Officer John Doe of the 75th Precinct
2nd Officer John Doe of the 75th Precinct
3rd Officer John Doe of the 75th Precinct
4th Officer John Doe of the 75th Precinct
5th Officer John Doe of the 75th Precinct
6th Officer Jane Doe of the 75th Precinct

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

DEC 1 2014

PRO SE OFFICE

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Isaiah J. Robinson
ID # 141-14-10229
Current Institution EMTC
Address 1010 Hazen Street
Elmhurst, NY 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name Capt. John Doe Shield # _____
 Where Currently Employed 75th Precinct - City of New York
 Address Essex and Sutter
Brooklyn, NY

Defendant No. 2

Name Sgt. John Doe Shield # _____
 Where Currently Employed City of New York - 75th Precinct
 Address Essex and Sutter
Brooklyn, NY

Defendant No. 3

Name Officer John Doe 1# Shield # _____
 Where Currently Employed City of New York - 75th Precinct
 Address Essex and Sutter
Brooklyn, NY

Defendant No. 4

Name Officer John Doe 2# Shield # _____
 Where Currently Employed City of New York - 75th Precinct
 Address Essex and Sutter
Brooklyn, NY

Defendant No. 5

Name Officer John Doe 3# Shield # _____
 Where Currently Employed City of New York
 Address Essex and Sutter
Brooklyn, NY

II. Statement of Claim:

↓
 ↓
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See Attach sheet

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? 75th Precinct
on Essex and Sutter in Brooklyn, NY

B. Where in the institution did the events giving rise to your claim(s) occur? In Back /
Behind the precinct where cops unload/load detainees
from their ~~the~~ vehicles/transport vans

C. What date and approximate time did the events giving rise to your claim(s) occur? _____
September 12, 2014 Between 1am - 4am

Defendant No 6. Officer John Doe 4#
City of New York - 75th Precinct
Essex And 8th Ave, Brooklyn, NY

Defendant No 7. Officer John Doe 5#
City of New York - 75th Precinct
Essex And 8th Ave, Brooklyn, NY

Defendant No 8. Officer John Doe #6
City of New York - 75th Precinct

What
happened
to you?

D. Facts: I was forced to wear handcuffs # 6, tight which left
scars on my wrists. My head was pushed through a double-
glass window. I was repeatedly punched and kicked. I was
also dragged thru breaking glass. They (officers) ripped
out my hair, which left scars.

Who did
what?

At least several different officers that I can remember.
Two of which were ranking file, A Capt and a Sgt, each
did multiple things to me.

Was
anyone
else
involved?

Not that I can remember

Who else
saw what
happened?

One I was inside the precinct. There was other detainees that saw
the aftermath of what happen. I did my best to explain to them
what happen, but the Officers was trying to take them out of
the area so that they couldn't listen to my complaints

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical
treatment, if any, you required and received.

SEE ATTACHED SHEET

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be
brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a
prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are
available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ___ No ☒

1) I have a black bruise under my right eye from being punched.
No medical treatment.

2) I sustain cuts and lacerations around my wrists from the handcuffs being too tight.
scheduled to see the Orthopedist at Rikers, but may have to wait until I get out. Given Naproxen for the pain.

3) I have a piece of glass that is now embedded into the bottom of my foot.

I seen a Doctor who took X-Rays, but I need further treatment to get it cut out. I may have to wait til I get out.

4) Minor cuts and lacerations to the forehead, nose and chin.
Cleaning and ointment at Brookdale Hospital.

5) 6 stitches at a slit by my right eye, as well as 6 stitches under my right eye.

12 stitches done at Brookdale Hospital or given Naproxen for pain.

6) Lower Back pain and discomfort.

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s). N/A

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ____ No ____ Do Not Know ____

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ____ No ____ Do Not Know ____

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ____ No ____

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ____ No ____

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? _____

2. What was the result, if any? _____

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. _____

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: The claims described above occurred in the 75th Precinct. The only complaint mechanism is the civilian complaint review board that I'm aware of. Which was filed 10-8-14

2. If you did not file a grievance but informed any officials of your claim, state who you

informed, when and how, and their response, if any. Carlin's Complaint
Review Board. I filed at a court not been as mailed it
to the office on: 40 Beaton Street, 14th Floor
New York, NY 10006

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

None At the time

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. **Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). I would like to be paid 10 million
and also make police officers learn better ways to deal with
people who are / have mental health issues.

On
these
claims

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes _____ No ☒

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes _____ No ☒

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 17 day of October, 2014.

Signature of Plaintiff _____

Inmate Number _____

Institution Address _____

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 17 day of October, 2014 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: _____

